

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/010,942
Filing Date	December 6, 2001
First Named Inventor	Guriq Basi
Title	HUMANIZED ANTIBODIES THAT RECOGNIZE BETA AMYLOID PEPTIDE
Art Unit	1649
Examiner Name	Kimberly A. Ballard
Attorney Docket Number	15270C-006010US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

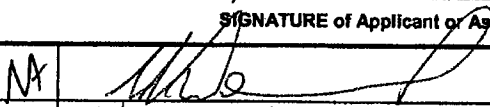
☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	Zip
Country			
Telephone		Email	

I am the:		
<input type="checkbox"/> Applicant/Inventor.		
<input checked="" type="checkbox"/> Assignee of record of a joint right, title and interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86).		
SIGNATURE of Applicant or Assignee of Record		
Signature		Date
Name	WILLIAM DANIEL	Telephone
Title and Company	DIRECTOR, Eian Pharma International Limited	
I am the:		
<input type="checkbox"/> Applicant/Inventor.		
<input checked="" type="checkbox"/> Assignee of record of a joint right, title and interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86).		
SIGNATURE of Applicant or Assignee of Record		
Signature		Date
Name		Telephone
Title and Company	, Wyeth	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> *Total of 1 form is submitted.		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of a joint right, title and interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

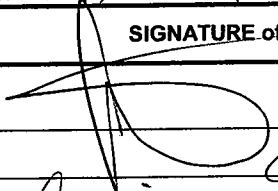
Signature		Date
Name		Telephone
Title and Company	, Elan Pharma International Limited	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of a joint right, title and interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date
Name	Gale F. Matthews	June 24, 2008
Title and Company	Assistant Secretary	Telephone 973-660-7658
, Wyeth		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 form is submitted.